

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Montana



CHAD STONE

Plaintiff(s)

v.

MIKE LINDER

Defendant(s)

Civil Action No. CV-23-96-BLG-SPW-TJC

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) MIKE LINDER
YELLOWSTONE COUNTY SHERIFF
2323 2ND AVE. N.
BILLINGS, MT 59101

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

CHAD STONE
1106 W PARK SUITE 20-157
LIVINGSTON, MT 59047

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TYLER P. GILMAN
CLERK OF COURT

Date: 04/15/2025

Signature of Clerk or Deputy Clerk

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Civil Action No. CV-23-96-BLG-SPW-TJC

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Mike Linder
was received by me on (date) 04-15-2025.

☒ I personally served the summons on the individual at (place) 2323 Second Ave North
Billings, MT 59101 on (date) 04-21-2025; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 0.70 for travel and \$ 65.00 for services, for a total of \$ 65.70.

I declare under penalty of perjury that this information is true.

Date: 4/21/2025


Server's signature

P. Schally SDUSM
Printed name and title

2601 Second Ave N. Billings, MT
Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

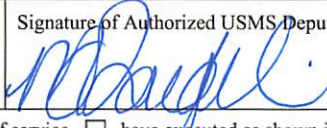
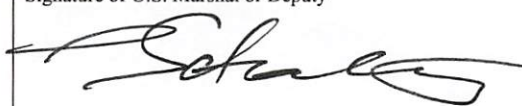
PROCESS RECEIPT AND RETURNSee *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF CHAD STONE	COURT CASE NUMBER CV-23-96-BLG-SPW-TJC
DEFENDANT MIKE LINDER	TYPE OF PROCESS Service of Complaint & Summons
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MIKE LINDER ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) YELLOWSTONE COUNTY SHERIFF, 2323 2ND AVE. N., BILLINGS, MT 59101	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW U.S. DISTRICT COURT, CLERK'S OFFICE 2323 2ND AVE N., BILLINGS, MT 59101	Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
 SERVICE OF PROCESS DIRECTED BY ORDER OF THE COURT.


Signature of Attorney other Originator requesting service on behalf of: /S/ J. HARRIS, DEPUTY CLERK	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 406-247-7001	DATE 4/15/2025
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>46</u>	District to Serve No. <u>46</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>04-15-25</u>
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <u>4/21/25</u>	Time <u>1330</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy 	

Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS


4-21-25